Form Approved

OMB No. 0920-1353

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Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; Attn: OMB-PRA (0920-1353)

**Component 2: Core Viral Hepatitis Prevention Activities**

**Reporting Agency**

|  |  |
| --- | --- |
| **Reporting jurisdiction** |  |
| **Contact name** (*person completing form*) |  |
| **Contact phone number** (*xxx-xxx-xxxx*) |  |
| **Contact email address** |  |
| **Additional contact name(s)** (*if applicable*) |  |
| **Additional contact phone number(s)**  (*xxx-xxx-xxxx*) |  |
| **Additional contact email address(es)** |  |
| **Date of report submission** (*MM/DD/YYYY*) |  |
| **Reporting Period**  (*Complete this form with information from Reporting Period selected*) | *Select one*  □ Year 1 (5/1/21-9/30/21)  □ Year 2 (10/1/21-9/30/22)  □ Year 3 (10/1/22-9/30/23)  □ Year 4 (10/1/23-9/30/24)  □ Year 5 (10/1/24-4/30/26) |

**2.1—Support viral hepatitis elimination planning and surveillance,**

**and maximize access to testing, treatment, and prevention**

**Measures 2.1.1.a – 2.1.1.b**

* Establishment and maintenance of a viral hepatitis elimination technical advisory committee (or coalition) with membership to support jurisdictional viral hepatitis elimination planning
* Conduct at least two meetings per year of the viral hepatitis elimination technical advisory committee (or coalition)

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| **Have you established a viral hepatitis elimination technical advisory committee (or coalition) to support viral hepatitis elimination planning?** | *Select one*  □ Completed  □ In progress | | □ Not started |
| **Identify the stakeholder groups that are (or will be) represented on this committee (or coalition).**  (*select all that apply*) | □ Public health  □ Corrections  □ Criminal justice, law enforcement  □ Medicaid  □ Injury prevention services  □ Substance use and mental health services  □ Healthcare providers  □ HIV care providers  □ Hospitals | | □ Laboratories  □ Community-based organizations  □ Local harm reduction coalition members  □ Non-profit/advocacy groups  □ People with viral hepatitis lived experience  □ Other, specify:  >>  □ N/A (committee not established) |
| **During this reporting period, how many times did the committee (or coalition) meet?** | Number of meetings= | |  |
| □ No meetings held during reporting period  □ N/A (committee not established) | | |
| **If the committee (or coalition) met during this reporting period, please submit** **copies of all meeting agendas.** | | *Select one*  □ Submitted □ Not submitted  □ N/A (committee not established) | |

**Measure 2.1.1.c**

* Development and maintenance of a viral hepatitis elimination plan with support from the technical advisory committee (or coalition)

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| --- | --- | --- |
| **Have you developed a viral hepatitis elimination plan?** | *Select one*  □ Completed  □ In progress | □ Not started |
| **Does it contain plans for elimination of hepatitis C and/or hepatitis B?**  (*select all that apply*) | □ Hepatitis C  □ Hepatitis B | □ N/A (plan not started) |
| **If the viral hepatitis elimination plan is completed, please submit a copy with the APR.** | *Select one*  □ Submitted □ Not submitted  □ N/A (plan not started) | |

**Measures 2.1.2.c, 2.1.4.a**

* The jurisdictional viral hepatitis elimination plan addresses recommendations for increasing HCV RNA reflex testing
* The jurisdictional viral hepatitis elimination plan addresses provider training in prescribing hepatitis C and hepatitis B treatment

|  |  |  |
| --- | --- | --- |
| **Does your viral hepatitis elimination plan address recommendations for increasing HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis C treatment?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |
| **Does your viral hepatitis elimination plan address provider training in prescribing hepatitis B treatment?** | *Select one*  □ Yes  □ No | □ N/A (plan not started) |

**Measure 2.1.4.a**

* The jurisdictional viral hepatitis elimination plan addresses provider training in prescribing hepatitis C and hepatitis B treatment

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| **During the reporting period, what trainings and/or resources were shared with primary care providers related to increasing their capacity to prescribe hepatitis B or hepatitis C treatment?** | *(Select all that apply)*  □ Trainings sponsored by the health department that were conducted with primary care providers (in person or virtually) to increase their capacity to prescribe hepatitis treatment  □ A repository of existing hepatitis B and/or hepatitis C training resources, with links to this information, provided on health department website  □ Guidelines or recommendations related to prescribing hepatitis B or hepatitis C treatment  □ Information related to reducing the administrative burden of hepatitis C treatment (e.g., getting prior authorization, using patient assistant programs)  □ A provider resource directory, identifying both private and public provider resources for treatment of hepatitis B and/or hepatitis C  □ Protocols for primary care provider training and consultation for various audiences in culturally sensitive/culturally appropriate formats  □ Worksheets, job aids, or other tools intended to improve provider capacity to prescribe hepatitis B or hepatitis C treatment  □ Other type of resources for primary care providers (please describe): |
| **(If trainings were conducted with primary care providers):**  **Which of the following best describes these trainings?**  **Number of trainings conducted that focused on increasing primary care provider capacity for prescribing hepatitis treatment:**  **Number of primary care providers who attended these trainings:** | *(Select one)*  □ Newly developed trainings as part of PS21-2103 funding  □ Training programs/curricula developed outside of PS21-2103 (e.g., Project ECHO)  □ Combination of both  □ Other type of primary care provider training (please describe):  Enter total number of trainings that covered:  Prescribing hepatitis C treatment=  Prescribing hepatitis B treatment  Enter total number of primary care providers in attendance:  For trainings on prescribing hepatitis C treatment=  For trainings on prescribing hepatitis B treatment= |

Question below relates to required NOFO activity (2.1.c. Disseminate materials regarding evidence-based practices for access to hepatitis C treatment and viral hepatitis prevention). There is no relevant required measure described in the NOFO.

|  |  |
| --- | --- |
| **During the reporting period, have you disseminated any of the following regarding evidence-based practices for prevention and access to treatment?** | *(Select all that apply)*  □ Information on hepatitis C treatment recommendations for public and private insurance payors  □ Information on harm reduction for law enforcement and other emergency responders  □ Information on recommended viral hepatitis prevention and treatment services for PWID, their family, and friends  □ Information on recommended viral hepatitis prevention and treatment services for high-impact settings  □ Prioritized materials matched to target audiences (e.g., plans for developing, adapting, or identifying materials regarding evidence-based practices; plans for dissemination of materials)  □ Other materials shared related to evidence-based prevention services for persons at risk for viral hepatitis (please describe): |

**Measures 2.1.2.a – 2.1.2.b**

* CLIA-certified laboratories that conduct testing for at least 80% of all anti-HCV results identified in the jurisdiction
* The proportion conducting HCV RNA reflex testing was assessed; feedback with recommendations conducted

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| **Have you worked with your surveillance and/or epidemiology teams to identify the total number of CLIA-certified laboratories in your jurisdiction that report hepatitis C antibody testing results?** | *Select one*  □ Yes  □ No  □ In progress | |
| **Of the CLIA-certified laboratories you have identified that report hepatitis C antibody testing results, have you selected the subset that reports at least 80% of the hepatitis C antibody testing results in your jurisdiction?** | *Select one*  □ Yes  □ No | □ In progress  □ N/A (labs not identified) |
| **Of this subset, have you performed a needs assessment to identify key barriers and challenges to increasing HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ In progress  □ N/A (labs not identified) |
| **What proportion of the subset is conducting HCV RNA reflex testing?** | *Select one*  %: | □ In progress  □ N/A (labs not identified) |
| **Have you provided recommendations to increase HCV RNA reflex testing?** | *Select one*  □ Yes  □ No | □ In progress  □ N/A (labs not assessed) |
| **How else were the results of the needs assessments used to increase HCV RNA reflex testing?** | Describe:  □ N/A (the results were not used for anything except developing recommendations related to increasing testing) |

**Measures 2.1.3.a – 2.1.3.b**

* The top 5 highest volume health systems in the jurisdiction identified
* The proportion of health systems promoting routine HCV and HBV testing assessed; feedback with recommendations was conducted

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| **What are the top 5 highest volume health systems in your jurisdiction?** | 1.  2.  3.  4.  5.  □ In progress  □ Not started | | |
| **Have you assessed how many of these health systems are promoting routine HCV testing?** | | *Select one*  □ Completed  □ In progress | □ Not started  □ N/A (health systems not assessed) |
| **If so, what percent of health systems are promoting routine HCV testing?** | | %: | □ In progress  □ N/A (health systems not assessed) |
| **Have you assessed how many of these health systems are promoting routine HBV testing?** | | *Select one*  □ Completed  □ In progress | □ Not started  □ N/A (health systems not assessed) |
| **If so, what percent of health systems are promoting routine HBV testing?** | | %: | □ In progress  □ N/A (health systems not assessed) |
| **Have you provided feedback to the top 5 highest volume health systems with recommendations on promoting routine HCV and/ or HBV testing?** | | *Select one*  □ Yes, to all 5  □ No, have not provided feedback to any of them | □ Yes, to some but not all  □ N/A (health systems not assessed) |
| **How else were the results of the needs assessments used to promote routine HCV and/or HBV testing?** | Describe:  □ N/A (the results were not used for anything except developing recommendations related to routine testing) |

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| **Please use this space**  **to provide information about challenges and successes experienced when implementing Strategy 2.1 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |

|  |  |
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| Did you use PS21-2103 funds to conduct Strategy 2.2 activities (i.e., hepatitis C and/or hepatitis B testing and referral to care in high-impact settings) during the reporting period? | □ Yes  □ No |

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| **List all types of settings serving PWID** |
| During the reporting period, were component 2 activities conducted at one or more syringe services programs (SSPs)?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more substance use disorder (SUD) treatment programs (non-hospital based)?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more hospital-based substance use disorder (SUD) treatment programs?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more hospital-based programs (excluding SUD treatment programs which are included separately above)?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more health centers (non-hospital based)?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more sexually transmitted infections (STI) clinics?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more mobile clinics?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at one or more emergency departments?  □ Yes  □ No |
| During the reporting period were component 2 activities conducted at one or more correctional facilities?  □ Yes  □ No |
| During the reporting period were component 2 activities conducted at one or more homeless services?  □ Yes  □ No |
| During the reporting period, were component 2 activities conducted at another type of setting?  □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  Note: If more than one other type of setting, list the first other type here and describe the additional other type(s) individually in the following questions. |
| During the reporting period, were component 2 activities conducted at a second other type of setting?  □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No  Note: If more than two other types of settings, list the second other type here and describe the additional other type(s) individually in the following questions. |
| During the reporting period, were component 2 activities conducted at a third other type of setting?  □ Yes, specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  □ No |

|  |  |  |  |
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| **Setting type** | **Was relationship established to expand HCV testing?** | **Was relationship established to expand HBV testing?** | **Number of clients seen at this setting during reporting period** |
| **SSPs**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **SUD treatment programs, non-hospital based**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **SUD treatment programs, hospital-based**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Health centers (non-hospital based)**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **STI clinics**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Mobile clinics**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Emergency departments**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Correctional facilities**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Homeless services**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Other type of setting described above, first**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Other type of setting described above, second**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |
| **Other type of setting described above, third**  *questions will be skipped if not applicable* | *Select one*  □ Yes  □ No  □ In progress | *Select one*  □ Yes  □ No  □ In progress | >  □ Unknown |

**Measures 2.2.2.c – 2.2.2.f, 2.2.3.a**

* Number of clients screened for hepatitis C (anti-HCV), by setting
* Number of clients positive for anti-HCV, by setting
* Number of clients tested for HCV RNA, by setting
* Number of clients positive for HCV RNA, by setting
* Number of clients positive for HCV RNA linked to treatment, by setting

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **During this reporting period, number of:** | | | | |
| **Setting type** | **Clients screened for hepatitis C (anti-HCV)** | **Clients positive for anti-HCV** | **Clients tested for HCV RNA** | **Clients positive for HCV RNA** | **Clients positive for HCV RNA linked to hepatitis C treatment** |
| **SSPs**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **SUD treatment programs, non-hospital based**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **SUD treatment programs, hospital based**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Health centers (non -hospital based)**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **STI clinics**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Mobile clinics**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Emergency departments**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Correctional facilities**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Homeless services**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, first**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, second**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, third**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |

**Measures 2.2.2.g – 2.2.2.h, 2.2.3.b**

* Number of clients screened for hepatitis B, by setting
* Number of clients positive for HBsAg, by setting
* Number of clients positive for HBsAg linked to care, by setting

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| --- | --- | --- | --- |
|  | **During this reporting period, number of:** | | |
| **Setting type** | **Clients screened for hepatitis B** | **Clients positive for HBsAg** | **Clients positive for HBsAg linked to hepatitis B care** |
| **SSPs**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **SUD treatment programs, non-hospital based**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **SUD treatment programs, hospital-based**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Health centers (non- hospital based)**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **STI clinics**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Mobile clinics**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Emergency departments**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Correctional facilities**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Homeless services**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, first**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, second**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, third**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown |

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| **Please use this space**  **to provide information about challenges and successes experienced when implementing Strategy 2.2 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |

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| **Was Section 2.3 funded?** | *Select one* | □ No *NOTE: Stop here if not funded* | □ Yes |

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**2.3—Improve access to services preventing viral hepatitis**

**and other bloodborne infections among people who inject drugs (PWID)**

**Measures 2.3.3.a – 2.3.3.d**

* Number of hepatitis A vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis A vaccination series, by setting
* Number of hepatitis B vaccination doses administered to clients in the high-impact settings, by setting
* Number of clients in the high-impact settings who completed hepatitis B vaccination series, by setting

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **During this reporting period, number of:** | | | |
| **Setting type** | **Hepatitis A vaccination doses administered** | **Clients who completed hepatitis A vaccination series** | **Hepatitis B vaccination doses administered** | **Clients who completed hepatitis B vaccination series** |
| **SSPs**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **SUD treatment programs, non-hospital based**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **SUD treatment programs, hospital-based**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Hospital-based programs** (excluding SUD treatment programs which are included separately above)  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Health centers (non- hospital based)**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **STI clinics**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Mobile clinics**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Emergency departments**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Correctional facilities**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Homeless services**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, first**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, second**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |
| **Other type of setting described above, third**  *questions will be skipped if not applicable* | >  □ Unknown | >  □ Unknown | >  □ Unknown | >  □ Unknown |

**Measures 2.3.1.a – 2.3.1.d, 2.3.2.a**

* Number of syringe services programs (SSPs) in the jurisdiction
* Number of visits in the jurisdiction, by SSP
* Number of unduplicated SSP clients in the jurisdiction, by SSP
* Mean (median) syringe coverage rates, by SSP
* Number of clients linked to substance use disorder treatment by SSPs in the jurisdiction, by SSP

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| --- | --- | --- | --- | --- |
|  | **During this reporting period, number of:** | | |  |
| **Syringe services programs (SSPs) in jurisdiction** | **Total client visits** | **Unduplicated SSP clients** | **Clients linked to substance use disorder treatment** | **Mean syringe coverage rates during this reporting period** |
| **SSP 1**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 2**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 3**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 4**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 5**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 6**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 7**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 8**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 9**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 10**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 11**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 12**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 13**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 14**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 15**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 16**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 17**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 18**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 19**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 20**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 21**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 22**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 23**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 24**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 25**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 26**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 27**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 28**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 29**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 30**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 31**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 32**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 33**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 34**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 35**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 36**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 37**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 38**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 39**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 40**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 41**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 42**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 43**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 44**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 45**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 46**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 47**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 48**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 49**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |
| **SSP 50**  **Name:**  > | >  □ Unknown | >  □ Unknown | >  □ Unknown | Mean= |

|  |  |
| --- | --- |
| **Please use this space**  **to provide information about challenges and successes experienced when implementing Strategy 2.3 activities. Include additional contextual information that would help us interpret your annual performance data.** |  |